City of Royal Oak
City Clerk's Office
211 Williams Street
Royal Oak, MI 48068
(248) 246-3050

INITIAL MERCHANT LICENSE

APPLICATION MUST BE TURNED IN 30 DAYS PRIOR TO OPENING BUSINESS

DATE OF APPLICATION_____

IN ACCORDANCE WITH THE CODE OF ORDINANCES, CHAPTER 458, I/WE HEREBY APPLY FOR A LICENSE TO ENGAGE IN THE BUSINESS OF: _____

NAME OF BUSINESS _____PHONE # _____

ADDRESS _____ZIP_____

E-MAIL ADDRESS _____

WHAT BUSINESS WAS AT THIS ADDRESS?_____

OWNERS: **Following information is required for processing. (If Corporation or Partnership, give names, title, date of birth, phone #, and addresses of ALL OFFICERS.)**

1._____ _____ _____ _____
Full Name Title Date of Birth Phone #

_____
Address / City / State / Zip

2._____ _____ _____ _____
Full Name Title Date of Birth Phone #

_____
Address / City / State / Zip

3._____ _____ _____ _____
Full Name Title Date of Birth Phone #

_____
Address / City / State / Zip

PREVIOUS BUSINESS:

For 18 months previous to this application, I/we were engaged in the business of: _____

Name of Business:_____ Length of Time:_____

Date Discontinued:_____ Still Operating:_____

IF APPLICANT WAS NOT IN BUSINESS, GIVE PREVIOUS PLACE OF EMPLOYMENT:

_____
Name of Company Address / City / State / Zip

PROPERTY OWNER:

If property is being purchased, rented or leased:

NAME OF OWNER:_____PHONE:_____

ADDRESS:_____

RENTED/LEASED (DATES) FROM: _____ TO: _____

NAME: _____

ADDRESS: _____

WILL ALCOHOL BE SOLD? NO _____ YES _____ If so, please specify: _____ Beer _____ Wine _____ Liquor

ARE YOU EXCLUDING ANY MINORS FROM ANY AREA WITHIN YOUR ESTABLSHMENT?

NO _____ YES _____ If so, please specify area_____

MICHIGAN SALES TAX #:_____Required by the State Treasury Dept. (MCLA 205.66a)

IN THE EVENT OF EMERGENCY CONTACT:

NAME	ADDRESS/CITY	PHONE #
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____

BUILDING ALARMED: NO _____ YES _____

NAME OF ALARM COMPANY:_____ PHONE:_____

COMPLIANCE AGREEMENT MAY BE REQUIRED TO BE SIGNED BY THE LICENSEE OR APPLICANT AT THE TIME APPLICABLE INSPECTIONS ARE COMPLETED AT SAID BUSINESS.

I HEREBY SWEAR OR AFFIRM THAT THE FACTS SUBMITTED HEREIN ARE TRUE.

DATE:_____SIGNATURE:_____

PLEASE ATTACH COPY OF DRIVER'S LICENSE OF SIGNER

INITIAL MERCHANT FEE: $135.00 PAYABLE TO: CITY OF ROYAL OAK

Fee Paid: _____ Cash _____ Check # _____ Date: _____

License # _____ Date Issued: _____ Clerk: _____

APPROVALS

PLANNING DEPARTMENT: _____DATE:_____

APPROVED FOR:_____

CHIEF INSPECTOR: _____DATE:_____

FIRE MARSHALL: _____DATE:_____

PLEASE RETURN COMPLETED APPLICATION TO:

CITY CLERK
CITY OF ROYAL OAK
211 WILLIAMS STREET
ROYAL OAK, MICHIGAN 48068